

EF082839955US

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	KG0005
		<b>First Named Inventor</b>	Gilstrop
<b>COMPLETE IF KNOWN</b>			
		<b>Application Number</b>	NA /
		<b>Filing Date</b>	7-2-03
		<b>Art Unit</b>	NA
		<b>Examiner Name</b>	NA

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Handlebar/Stem Mounted Bicycle Wheel Holding  
Device

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)  

as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number [ ] OR  Correspondence address below  
 or Bar Code Label [ ]

36489

PATENT TRADEMARK OFFICE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**  A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Keith

Family Name  
or Surname

Gilstrap

Inventor's  
Signature



Date 6-16-03

Residence: City Glenwood Springs State CO Country USA Citizenship USA

Mailing Address 1818 Colorado Ave. #103

City	Glenwood Springs	State	CO	ZIP	81601	Country	USA
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Dong

Family Name  
or Surname

Golenz

Inventor's  
Signature

Date

Residence: City Louisville State CO Country USA Citizenship USA

Mailing Address 942 Sunflower Street

City	Louisville	State	CO	ZIP	80027	Country	USA
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **KG0005**

First Named Inventor **Gilstrop**

**COMPLETE IF KNOWN**

Application Number	NA /
Filing Date	7-2-03
Art Unit	NA
Examiner Name	NA

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Handlebar/Stem Mounted Bicycle Wheel Holding Device**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  

as United States Application Number or PCT International

Application Number  

and was amended on (MM/DD/YYYY)  

(if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PATENT TRADEMARK OFFICE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Keith	Family Name or Surname	Gilstrap
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Inventor's Signature	Date
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Residence: City	Glenwood Springs	State	CO	Country	USA	Citizenship	USA
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Mailing Address	1818 Colorado Ave. #103						
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City	Glenwood Springs	State	CO	ZIP	81601	Country	USA
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Doug	Family Name or Surname	Golenz
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Inventor's Signature	Date
-------------------------	------

Residence: City	Louisville	State	CO	Country	USA	Citizenship	USA
-----------------	------------	-------	----	---------	-----	-------------	-----

Mailing Address	942 Sunflower Street						
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City	Louisville	State	CO	ZIP	80027	Country	USA
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Please type a plus sign (+) inside this box → 

PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	NA
Filing Date	7-2-03
First Named Inventor	Gilstrap
Title	Handlebar Stem Mounted Bicycle Wheel
Group Art Unit	NA Holding Device
Examiner Name	NA
Attorney Docket Number	KG-000

I hereby appoint:

- Practitioners at Customer Number  →   
**OR**  
 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

- The above-mentioned Customer Number.

**OR**

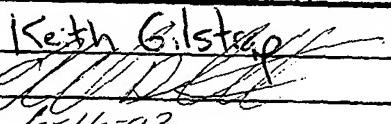
- Practitioners at Customer Number  →   
**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Keith Gilstrap
Signature	
Date	7-16-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

- Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	NA
Filing Date	7-2-03
First Named Inventor	Gilstrop
Title	Handlebar/Stem Mounted Bicycle Wheel
Group Art Unit	NA Holding Device
Examiner Name	NA
Attorney Docket Number	KG-000

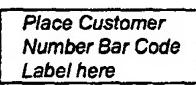
I hereby appoint:

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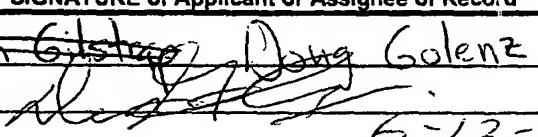
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**OR**  
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**OR**

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Address			
Address			
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Country			
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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Keith Gilstrop / Doting Golenz
Signature	
Date	6-12-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

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